



U.S. Department of State  
**SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION**

Approved OMB 1405-0154  
Expires 09/30/2008  
Estimated Burden 1 Hour\*

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM  
PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 1. Last Name(s) <i>(List all Spellings)</i>   |  | 2. First Name(s) <i>(List all Spellings)</i>                |   | 3. Full Name <i>(In Native Alphabet)</i>  |  |
| 4. Clan or Tribe Name <i>(If Applicable)</i>  |  |   | 5. Spouse's Full Name <i>(If Married)</i> |   |  |
| 6. Father's Full Name   |  |   | 7. Mother's Full Name                     |   |  |
| 8. Full Name and Address of Contact Person or Organization in the United States <i>(Include Telephone Number)</i>   |  |   |   |   |  |
| 9. List All Countries You have Entered in the Last Ten Years<br><i>(Give the Year of Each Visit)</i>  |  | 10. List All Countries That Have Ever Issued You a Passport |   | 11. Have You Ever Lost a Passport or Had One Stolen?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 12. Not Including Current Employer, List Your Last Two Employers<br>Name _____ Address _____ Telephone No. _____ Job Title _____ Supervisor's Name _____ Dates of Employment _____  |  |   |   |   |  |
| 13. List all Professional, Social and Charitable Organizations to Which You Contribute (Contributed) or with Which You Work (Have Worked).  |  | Belong (Belonged) or  |   | 14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain |  |
| 15. Have You Ever Performed Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.  |  |   |   |   |  |
| 16. Have You Ever Been in an Armed Conflict, Either as a Participant or Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.  |  |   |   |   |  |
| 17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Not Elementary Schools.<br>Name of Institution _____ Address/Telephone No. _____ Course of Study _____ Dates of Attendance _____   |  |   |   |   |  |
| 18. Have You Made Specific Travel Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location. |  |   |   |   |  |

**Paperwork Reduction Act Statement**

\*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, AIRPS/DIR, Washington, DC 20520.